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ABSTRACT

This paper describes the Baton Rouge Mental Health Center's Program in which parents were taught to manage homework problems as part of the broader effort to teach them effective ways of managing children's behavior. A total of 36 children (27 boys and 9 girls) aged 5-12 and their parents were referred to the program. Children's problems included short attention span, disruptive behavior in the classroom, failure to complete assignments in class and at home, and lack of self-confidence. Parents of these children reported having severe problems with getting their children to do school homework at home. Parents were taught behavior modification techniques (by parents who were graduates of the program) in daily training sessions with their children 5 days a week for an average of 7 weeks. Results indicated that of the 36 families working with homework, 28 finished the training sequence and 31 reached a 90% learning criterion (i.e., the child had an average of 90% intervals of study and correct working on the last four sessions). Follow-up interviews and behavior-rated sessions of 16 of the parents and children that had been out of the program for at least six months suggested that 13 of the parents were using the methods sufficiently well to be satisfied with their child's behavior and 12 were able to produce a 90% steady and correct working session with their children on current homework. (JMB)

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School Homework as a Focus of Intervention between Parents and Children[1]

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Abstract

Parents were taught the techniques of behavior modification in a community mental health center program based on the principles of Ora's Regional Intervention Program for Preschoolers and Parents. Children along the full spectrum of behavior problems were accepted into the program; none were refused. This paper describes the program with emphasis on the school homework sector. Parents were trained in a baseline-intervention-baseline-intervention sequence, by parents who were graduates of the program, using mock-ups of their problem situations. The main behavioral procedures taught were parental reinforcement as a differential reinforcement and instructional procedures. Either mother or father attended daily training sessions with their child five days a week for an average of 7 weeks. All sessions were behavior rated and graphed. Of the 36 families with school homework problems, 28 completed training and 23 trained another family. Six month follow-up data indicate favorable results persisted.

School Homework as a Focus of Intervenion Between Parents and Children

Although many papers have reported programs teaching parents how to modify their own children's behavior problems (O'Dell, 1974; Tavormina, 1974) and teaching teachers how to manage in the classroom (Berkowitz, 1972), none have reported teaching parents how to directly help their children with school homework. A child's failure to do his homework correctly, quickly, or at all is often the focus of problems between child and parents and often transfers to problems at school. This paper describes a program and two cases in which parents learned to manage the homework problem.

Teaching parents to manage homework problems was part of a program designed to teach parents effective ways of managing children's behavior. The program was originally modelled on Ora's Regional Intervention Program for Preschoolers and Parents (Ora & Reisinger, Note 1) which had been based on Wahler's work (Wahler, Winkle, Peterson, & Morrison, 1965) on parent training.

METHOD

Selection of Patients

Thirty-six children between the ages of 5 and 12 ($M = 8.19$; $SD = 1.94$) and their parents were referred to the program for school homework problems. Of these 27 were boys and 9 were girls. The families were from the entire range of socio-economic levels (range = \$2,400 to \$25,000, Mdn = \$12,000). Because there were no competing private programs in the community, the program accepted families of all incomes. Family clinic fees were determined by a sliding scale based on income and number of family members.

Most of the children were referred to the school homework part of the program by teachers and guidance counselors but could be referred by any source including self-referral. Children's problems included short attention span, disruptive behavior in the classroom, failure to complete assignments in class and at home, and lack of self-confidence. Parents of these children reported having severe problems trying to get their children to do school homework at home.

Facilities

The program occupied from one to five rooms depending upon available space. In a one-room program, all were welcome at any time but were required to manage their own children while observing, learning, and training. A two-room program made possible a children's group for all children not in session. That included all other children a mother had and all children of parent-trainers and volunteers. Any additional rooms the program acquired were used for additional parent-child training sessions.

Procedure

Initial interview

Initial interviews were scheduled for within 24 hours of a parent's call whenever possible. Both parents were required to come for the initial interview and at that time a developmental and behavioral history of the child was taken. In addition, requirements of the program were explained. These requirements included mother and child attending four 20 min. practice sessions a week and father and child attending one practice session a week. Mothers were also required to teach a new family the methods she had learned, before she terminated the program.

At the end of the initial interview, parents were introduced to their parent-trainer, an experienced mother in the program; agreed to a time for their first session the next day; and given a pamphlet describing baseline. This and many other pamphlets given to parents were based on Ora's pamphlets revised and expanded to cover the wider range of ages and problems.

Baseline

The baseline pamphlet described to parents the necessity for their showing us the nature of their problems with their children. They were told to mock-up for us the problem situations they faced at home getting their children to do homework. Thus children did homework in the daily practice sessions.

All daily sessions were rated and graphed by the parent-trainer. Parent-trainers had all reached a 92% agreement reliability criterion before working with parents. The agreement was a point for point agreement and included all possible instances. The continuing reliability of parent-trainers was checked by the other parent-trainers and/or by staff attending almost every practice session.

In every 20 min. daily practice session, parent-trainers recorded for each 10 sec. interval whether the child worked steadily and correctly without disruptions or whether the child worked incorrectly or displayed any behavior that interrupted steady working. Parents were rated on which of their children's behaviors they attended to. Repeatedly we observed that parents failed to attend to successful working and paid negative critical attention to non-working behaviors and mistakes. The daily percentages of intervals of each category of child and parent

behaviors were graphed. When baseline measures appeared stable and parents stated that the problem as it occurred at home was occurring in practice sessions, they received an intervention pamphlet describing behavior modification principles and procedures. The next day parents began practicing intervention skills in practice sessions.

Intervention

In intervenion parents learned to give clear, simple, positive instructions and differential attention to wanted and unwanted child behaviors. A great deal of stress was placed on how parents stated instructions to their children. These points were derived from learning and general psychological principles.

Instructional procedures. Parents learned to state instructions one time. Repeating instructions when a child fails to comply provides attention for that non-compliance. Moreover, a parent who habitually repeats instructions teaches a child that he does not have to attend the first time. When instructions are given one time, the child learns to attend the first time they are given. We have seen this work effectively in children as young as 18 mo.

Parents learned to state instructions without negatives. This focuses a child's attention on wanted behavior. For example, "don't fidget" and "don't make mistakes" were rephrased as, for example, "do problems one through four." In other situations "don't run" was rephrased as "walk" and "don't fall out of the tree" as "hold tight."

Parents learned to state instructions in statement form instead of question form. A parent who says "Johnny, will you do problems one through four?" leaves the child the easy option of saying "no."

Moreover, parents learned to state instructions in a form implying that they were convinced of their child's ability to do the work. A question such as "Can you do problems one through four?" implies that the parent doubts the child's ability. Questions such as "Why don't you do problems...?" were eliminated also because they literally mean that one is asking the child why he is not going to do the problems. This orients the child towards giving the reasons instead of doing the problems.

Parents learned to state instructions in a form implying that success, not just a show of effort, was expected. Parents who say "Try to do problems one through four" or "See if you can do problems...?" are implying that they do not expect successful performance. Parents learned to say simply "Do problems one through four." The child's expected performance was gradually increased by standard shaping procedures (Hilgard, Atkinson, & Atkinson, 1975). These instructional procedures are in line with Patterson's finding that negative commands elicit noncompliance (Patterson, 1973).

Differential attention procedures. Parents were taught differential attention procedures as applied to school homework problems. Positive attention was given to child behaviors that were wanted and attention was quickly withdrawn at the first sign of any unwanted behavior. For example, when the child worked steadily and correctly, the parent sat close to the child and made pleasant encouraging comments such as "I like the way you're working." All correct answers were immediately reinforced with enthusiastic comments such as "You got that right!". At the first sign of disruptive behavior or an incorrect answer, the parent quickly moved and looked away. This provided both immediate

feedback on performance and loss of social reinforcement for the child. If possible, sessions were continued until the child completed a piece of work successfully. Ending with failure might result in a child expecting that if he misbehaved long enough the homework sessions would end.

Baseline$_2$

When the child was working steadily and correctly on homework in practice sessions and at home, parents proceeded to the next phase of the program or baseline$_2$. At this time they returned to their old baseline methods of trying to get their child to do homework, but only in practice sessions, not at home. There are several reasons for this return to baseline methods. First, it demonstrated to parents what would happen if they slipped back to their old methods after they left the program. They found that their child would slip back to not doing homework. Second, return to baseline methods convinced parents that it was the new methods they were using and not some extraneous factor like coming to the program, spending 20 mins. with their child, or getting a maid or a dog that caused improvement in their child's behavior. It became very clear to parents that only their changed behavior was responsible for their child's changed behavior. Once this had been clearly demonstrated to both parents, they entered the fourth and last phase of their training, intervention$_2$.

Intervention$_2$

In the first few days of intervention$_2$ parents maintained continuous reinforcement of wanted child behaviors until their child was again working steadily and correctly on homework. Then parents learned

to gradually reduce the frequency of reinforcement by, for example, giving positive attention to 9 out of 10 correct responses for several days, then 8 out of 10 and so on, but never reducing to a level lower than that necessary to maintain their child's high level of steady, correct working on homework. At home, mother might have the child do homework in the kitchen while she cooked and she stopped a little less often every day to attend to wanted behaviors. Eventually the child might do homework in his room coming out occasionally to show his parents what he has done.

Parents and child gradually terminated from daily practice sessions and continued on their own at home. They were encouraged to keep in touch by coming in for free follow-up sessions. Those who did not come in were contacted periodically.

Thus parents were trained in a baseline$_1$-intervention$_1$-baseline$_2$-intervention$_2$ (BIBI) sequence. This design was considered preferable to a multiple baseline design (Baer, Wolf, & Risley, 1968) both because it is a more rigorous demonstration of the effectiveness of a set of procedures (Kazdin & Kopel, 1975) and because, in this design, each family received a demonstration of the procedures' effectiveness regardless of when they entered the program.

Parent Trainers

When a mother was sufficiently far along in the BIBI sequence, as in Ora's program, she became a parent trainer and was required to teach another family what she herself had learned. To do this, as soon as she began intervention$_1$, she attended at least one other parent-child practice session each day. For the first week she simply observed the

sessions. Then she was required to rate at least one session a day and compare it interval by interval with the parent-trainer's rating to determine her percentage agreement. When a mother's rating agreement reached 92% or better on four successive days and her mastery of behavior modifications skills was shown by her own progress with her child, staff looked for a compatible new family for her to train. New parent-trainers always had the help of her own parent-trainer, other parent-trainers, and/or staff. Thus mothers were the therapists and implemented the program. This consolidated their training and provided personnel for the program.

Volunteers

Not all mothers completed their training or trained another mother. To provide parent-trainers for all mothers, the program recruited volunteers of as high a caliber as possible. The program served as a practicum placement for graduate students in education, special education, psychology, and social work. With time, teachers and staff from other community agencies requested training. Training of volunteers, teachers, students, and staff was by and in exchange for their serving as parent-trainers, taking a family through the entire BIBI sequence. This exchange also provided an important source of new ideas from related professions.

RESULTS

Cases

Ronald

Ronald was a white nine year old male referred by his fourth grade teacher. He was doing poorly in mathematics, reading, and spelling. At home Ronald and his mother were "constantly fighting" because "he won't do as I ask." He also fought with his younger sister and spent as much

time as possible away from home playing with friends. Both mother and father used spanking to discipline him.

In baseline sessions mother's instructions were often in the form of questions: "How about...?", "Now what do you do?", "Do you think you can...?", "Why don't you...?", and "Can you....?". As shown in Figure 1,

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Insert Figure 1 about here

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mother attended to most of Ronald's unwanted behavior: "That's wrong," "I don't think you know it," "That's not the answer," and "Let me do it." Ronald was noted to say, "I don't read good," and "I couldn't count."

In sessions, Ronald worked on mathematics, reading, and spelling for approximately equal amounts of time. In eight sessions, Ronald's mother had learned the procedures. Two $baseline_2$ sessions showed mother that Ronald responded to her differential attention. After three $intervention_2$ sessions, Ronald and mother were doing well enough to continue on their own at home. Towards the end of $intervention_1$ sessions, Ronald's teacher wrote us that Ronald was happier at school, more confident, "working hard in math class, completing assignments efficiently and quickly." A follow-up session a year later showed that Ronald was still doing well. Mother reported that Ronald worked hard at school and was happy with school, his parents, and his sister.

Todd

Todd was a white 10 year old male referred by a member of the school board. His problems included "hyperactivity," discipline problems in the classroom, and incomplete schoolwork. At home Todd was described as having temper tantrums, arguing with his mother and father, tattling

on his brother and sister, and failing to do schoolwork and chores. Mother's usual methods of discipline were restricting him, sending him to his room, yelling and hitting. Father reported trying to reason with Todd and yelling.

In baseline$_1$, Todd's mother also attended to most of her son's unwanted behavior (Figure 2). She used negative questioning instructions

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Insert Figure 2 about here

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and criticism of his work: "Do you see where you made your mistake?", "Why don't you...?", "You better erase that 6," "That's why your writing's so ugly," "That's sloppy," and "Anybody knows that." Todd described himself as being "a bad speller" and "not good at math."

In practice sessions Todd worked equally on mathematics and spelling. Figure 2 shows Todd's improvement during intervention$_1$ procedures, his abrupt reversal in baseline$_2$, and his abrupt improvement in intervention$_2$. At the end of intervention$_1$, Todd's teacher reported him to be doing well at school. Follow-up sessions at one and a half and at eight months showed Todd to be continuing to do well at home and at school. At eight months his mother reported that "his self-confidence had been built up" and that he "could do anything now."

Summary Data

Of 282 children that entered the program in its first four years, 36 worked with school homework. Of the 36 families working with homework, 28 finished the BIBI sequence and 31 reached a 90% learning criterion (the child had an average of 90% intervals of steady and correct working on the last four sessions). Twenty-three of their mothers fulfilled

their obligation of training another family. Follow-up interviews and behavior rated sessions of 16 of the parents and children that had been out of the program for at least six months suggested that 13 of the parents were using the methods sufficiently well to be satisfied with their child's behavior and 12 were able to produce a 90% steady and correct working session with their child on current homework.

DISCUSSION

This program has demonstrated that parents can directly help their children with school homework. At least one other publication (Zifferblatt, 1970) has pointed out ways parents can encourage children to do homework, but without their paying close attention to the behaviors involved in doing the homework. Zifferblatt suggested that parents reward their child for increasing amounts of time spent doing homework or amounts of work done correctly. His procedure should work for those children who will sit still and work correctly for significant amounts of time, whereas the procedures described in this paper work for those children whose attention span and skills are limited to very much smaller blocks of time and material. In our program we have children who initially must be worked with second by second in order to shape appropriate behavior. As attention span and skills increase, we are able in intervention$_2$ to reinforce large blocks of behavior and time, a procedure much like that suggested by Zifferblatt.

This program has also demonstrated that parents can help their children with school homework without having to become teachers. To use this method, parents must be able to discriminate working from non-working behaviors and correct from incorrect work. They do not have to know how to teach their child how to get correct answers. That is left

to the child himself in practice sessions, and, if he cannot figure out the correct answer, to the child to find out from the teacher. What the parent does is pay attention to steady, correct working behaviors and ignore non-working and incorrect behaviors.

We have been interested in getting a child's improved study behavior transferred to the classroom. This transfer depends largely on the teacher adopting the methods that work with the child. Many teachers are resistant to changing their methods; they simply want the child to change. Having a small staff, our program depends upon parents to help effect this transfer. Admittedly, teachers are often reticent to take advice from parents. To overcome this, we advise parents to wait until their child is bringing complete and correct homework assignments to school regularly, and we hope this will arouse the teacher's curiosity. Under these conditions, teachers are more likely to be interested in and willing to try versions of these procedures that are easy to employ in the classroom. Then the transfer of improved study skills to the classroom is most successful.

This paper describes a program that is housed in a community mental health center but that could as readily be housed in an elementary or high school; preferably homework problems would be handled at the earliest grade level possible. The program is economical in terms of cost and requires a minimum of staff and space. A small program can be held in one room and expanded if desired. The program requires few permanent staff because it is largely implemented by trained parents. In our program, three staff members are able to handle initial interviews, 25 parent-child practice sessions, and a children's group in a four-hour period. Costs are those of staff, stopwatches, printed

pamphlets and rating sheets. The program could be conducted after school when the school facilities and children are free or during school hours if time and space permit.

There are some useful spin-offs from this program. Trained parents provide useful helpers in the classroom. Teachers interested in learning behavioral methods could be arranged to get advanced credit for taking a family through the program. As a practicum placement, graduate students in education could get training in advance of being hired, while serving as volunteers in the program. We have found that staff from agencies for the handicapped and retarded will exchange their training for being volunteers and will return to benefit the wider community. Parent, teacher, graduate student, and agency staff involvement strengthen the program and provide sources of community support.

References Notes

1. Ora, J. P. & Reisinger, J. J. The Regional Intervention Project: A behavioral service delivery system for preschoolers. Paper presented at the meeting of the American Psychological Association, Washington, D.C., September 1971.

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Footnotes

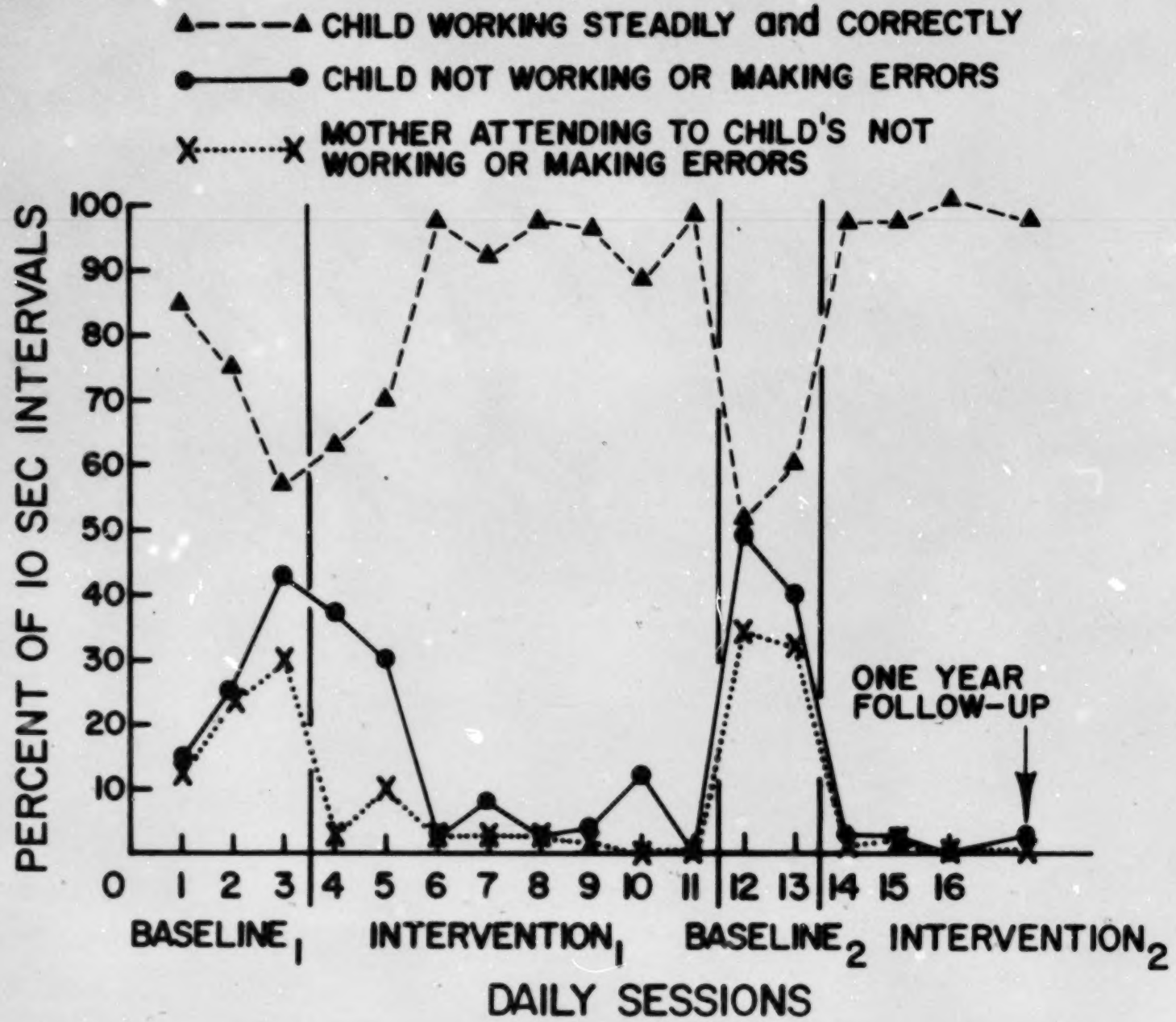
1. The authors wish to thank Tommy T. Stigall and Gordon K. Slack for their encouragment of the development of the program and to thank Stewart H. Hulse and William E. Bruce for their helpful criticisms of the manuscript.

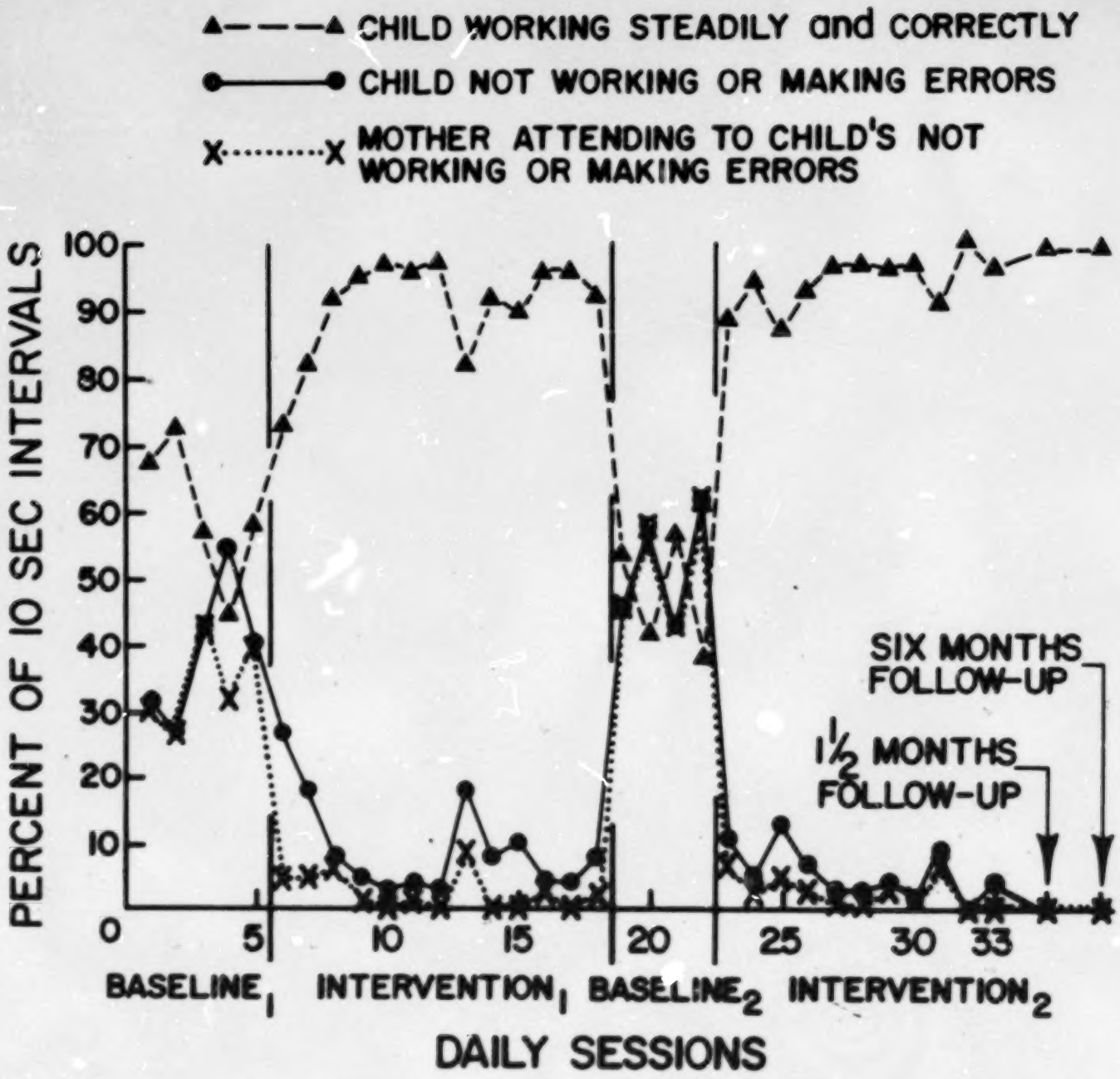
2. Reprints may be obtained from Louise P. Baenninger, 160 Caldecott Lane, Apartment 119, Oakland, Ca. 94618

Figure Captions

Figure 1. Percentage of 10 sec. intervals that Ronald worked steadily and correctly on current homework; that Ronald failed to work, behaved disruptively, or made errors; and that Ronald's mother attended to his non-working behaviors and errors in daily practice sessions.

Figure 2. Percentage of 10 sec. intervals that Todd worked steadily and correctly on current homework; that Todd failed to work, behaved disruptively, or made errors; and that Todd's mother attended to his non-working behaviors and errors in daily practice sessions.


CHILD WORKING STEADILY and CORRECTLY
CHILD NOT WORKING OR MAKING ERRORS
MOTHER ATTENDING TO CHILD'S NOT WORKING OR MAKING ERRORS
PERCENT OF 10 SEC INTERVALS
100
90
80
70
60
50
40
30
20
10
0
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16
ONE YEAR FOLLOW-UP
BASELINE1
INTERVENTION1
BASELINE2
INTERVENTION2
DAILY SESSIONS


CHILD WORKING STEADILY and CORRECTLY
CHILD NOT WORKING OR MAKING ERRORS
MOTHER ATTENDING TO CHILD'S NOT WORKING OR MAKING ERRORS
PERCENT OF 10 SEC INTERVALS
100
90
80
70
60
50
40
30
20
10
0
5
10
15
20
25
30
33
SIX MONTHS FOLLOW-UP
1½ MONTHS FOLLOW-UP
BASELINE1
INTERVENTION1
BASELINE2
INTERVENTION2
DAILY SESSIONS